

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number D2542
I hereby certify that this correspondence is being sent via facsimile on _____ Signature _____ Typed or printed name <u>Carol J. Smith</u>	In re Application of	Matthew Waight
	Application Number	09/811,702
	Filed	March 19, 2001
	For	DYNAMIC UPSTREAM AMPLIFIER POWER MANAGEMENT
	Art Group	2614
		Examiner <u>M. R. Shannon</u>
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>500.00</u> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. 06/26/2006 TL0111 00000050 502117 09811702 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 02 FC:1401 500.00 DA <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 502117. I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>44,489</u> <input type="checkbox"/> Attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____		
		<u>E. T. Cullen</u> Signature <u>Lawrence T. Cullen</u> Typed or printed name <u>215-323-1797</u> Telephone number <u>6/23/01</u> Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. <input type="checkbox"/> * Total of _____ forms are submitted.		